| STATE OF WISCONSIN, CIRC                  |            | COUNTY                                    | For Official Use   |     |
|---|------------|---|--------------------|-----|
| IN THE MATTER OF THE GUARDIANSHIP OF      |            | Consent to<br>Guar<br>Temporary Permanent |                    |     |
| Date of Birth                             |            | Case No                                   |                    |     |
| I, the undersigned, nominated to serve as |            |   |                    |     |
|   |            |   | Signature          |     |
|   |            |   | 3                  |     |
|   |            |   | Name Printed or Ty | ped |
|   |            | Address                                   |                    |     |
| Name of Attorney                          |            |   |                    |     |
| Address                                   |            |   |                    |     |
|   |            |   | Date               |     |
| Telephone Number                          | Bar Number |   |                    |     |
|   |            |   | Telephone Number   |     |